

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Richard W. Gross et al. :  
Serial No.: 10/606,601 : Group No.: 1743  
Filed: June 26, 2003 : Examiner: Cole, Monique T.  
For: SPECTROMETRIC :  
QUANTIFICATION OF :  
TRIGLYCERIDE MOLECULAR :  
SPECIES :

**Mail Stop: RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is: Request For Continued Examination (1 pg.); Amendment in Response to Final Office Action dated January 29, 2007 (8 pgs.)

**STATUS**

2. Applicant  
 claims small entity status.  
 is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 450.00	\$ 225.00
<input checked="" type="checkbox"/> third month	\$ 1,020.00	\$ 510.00
fourth month	\$1,590.00	\$ 795.00
fifth month	\$2,160.00	\$1,080.00

Fee: \$510.00

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

— An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$25.00 = \$	x \$50.00 = \$
	MINUS	=	x \$100.00 = \$	x \$200.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$180.00 = \$
			TOTAL ADDITIONAL FEE \$	OR
				TOTAL ADDITIONAL FEE \$

- (a)  No additional fee for Claims is required

**OR**

- (b)  Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

- Charge Deposit Account No. 01-2384 the sum of \$510.00.  
A duplicate of this transmittal is attached.

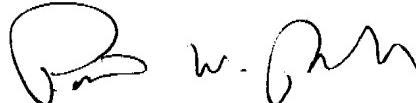
## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

## AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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